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Bib Data Sheet

CONFIRMATION NO. 8783

SERIAL NUMBER 10/725,114	FILING DATE 12/02/2003 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA ***** NONE *OR*

** FOREIGN APPLICATIONS ***** NONE *OR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>OR</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Revolutionary method in optical system design

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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